



Attachment A - Bivens Complaint form

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Jodi Darlene Dodson

#06199-087

(Enter above the full name of the plaintiff
or plaintiffs in this action)

(Inmate Reg. # of each Plaintiff)

v.

CIVIL ACTION NO. 1:12-0257

(Number to be assigned by Court)

Federal Bureau of Prisons

(Enter above the full name of the defendant
or defendants in this action)

Defendant(s).

COMPLAINT

I. Parties

A. Name of Plaintiff:

Jodi D. Dodson

Inmate No.:

06199-087

Address:

HC 68 Box 10A
West Union WV 26456

- B. Additional Plaintiff(s) (provide the same information for each plaintiff as listed in Item A above).

Name of Plaintiff: N/A

Inmate No.: _____

Address: _____

Name of Plaintiff: N/A

Inmate No.: _____

Address: _____

- C. Name of Defendant: ~~Myron L. Batts~~ Myron L. Batts

Position: Warden

Place of Employment: Transferred to Ashby DC

- D. Additional Defendant(s) (provide the same information for each defendant as listed in Item C above): All under Warden Batts

Name of Defendant: ? Mr. Weaver

Position: Director of Health Services

Place of Employment: Alderson FPC

Alderson WV

Name of Defendant: D. Wright

Position: Staff - HSV Physician

Place of Employment: Alderson FPC

Alderson WV

* Machelle Ayersman
Assistant Warden
Alderson FPC
Alderson WV

II. Place of Present Confinement

Name of Prison/Institution:

Barnum House of Chalksburg
Home Confinement

A. Is this where the events concerning your complaint took place?

Yes _____ No ☒

If you answered "no," where did the events occur?

Aldegon FPC

B. Is there a prisoner grievance procedure in this institution?

Yes ☒ No _____

C. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ☒ No _____

If you answered "no," explain why not: _____

If you answered "yes," what was the result at level one, level two and level three (attach grievances and responses): Denied on all levels

III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonments?

Yes ☒ No _____

B. If your answer to A is "yes," describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to the previous lawsuit:

Plaintiff(s): Jodi D. Dodson

Defendant(s): Federal Bureau of Prisons

Aldegon FPC
Myron³ L. Batts

Re: REC Placement

2. Court (if federal court, name the district; if state court, name the county);

Northern & Southern

3. Docket Number: 1-11-0860
1-11-0889
1-11-0948

4. Name of judge to whom case was assigned: Judge Vandervort

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) Pending & Dismissed As Moot

6. Approximate date of filing lawsuit: 11-7-11

7. Approximate date of disposition: 2-7-11

IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets of paper if necessary.)

1) 2007-2008 - Counsel did not include nor amend PreSentence Report to include all medical issues nor did he include other objections. Permitted the inclusion of only physician seen once, who mis-spoke on diagnosis & did not include his own assessment of diagnosis of Heavy Metal Toxic Poisoning. Counsel did not include this in 2255. I did amend & include in appeal as this PSI has violated my rights to alternate sentencing consideration as well AS prejudiced BOP incarceration & medical

V. Relief

State briefly and exactly what you want the Court to do for you. Make no legal arguments.
Cite no cases or statutes.

Signed this ____ day of _____, 20____.

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____.
(Date)

Signature of Plaintiff

treatment. This has included harassment & refusal to permit any relevant treatment of disease or symptoms, which are many.

- 2) Further, the BOP & staff did not permit outside evaluations to confirm or disprove the inmates claims of illness & symptoms.
- 3) BOP's own records prove this petitioners claims, as the only testing conducted were standard Labwork, few times that are not even acceptable for standards, particularly "Chronic care" patients.
- 4) BOP's own records also show no documentations of any treatments tried to assist with multiple symptoms, nor any effort to re-diagnose, if "Chronic Lyme Disease" was incorrect.
- 5) 8th Amendment violation of cruel & unusual punishment to deny and ignore multiple requests & visits to ASU for medical care.

Jodi Dodson
Ac 68 Box 101
West Union WV 26456

United States District Court
Southern District, Bluefield
PO Box 4128
Bluefield WV 24701

